

Informed Consent Form for Psychotherapy with Mary Alice Fuhrer

Informed Consent Statement for Psychotherapy and Counseling

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you and your child have certain rights that are important for you to know about because this is your child's therapy, and your goal is their well-being. There are also certain limitations to those rights that you and your child should be aware of. As a therapist, I have corresponding responsibilities to you, too.

My Responsibilities to You as Your Therapist

I. Confidentiality

With the exception of certain specific circumstances described below, your child has the absolute right to the confidentiality of their therapy. I cannot and will not tell anyone else what they have told me, or even that they are in therapy with me without your prior written permission. Therapy is most effective when a trusting relationship exists between the counselor and the client. Privacy is important in securing and maintaining that trust. Specific details of the information your child shares with me in sessions is not shared with you, the parent (unless your child gives me his/her consent) so as to encourage your child to be honest and forthcoming and to maintain an emotionally safe environment for them. However, as part of the therapeutic process I will encourage your child to share information with you.

I will always act so as to protect your child's privacy even if you do release me in writing to share information. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).

If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential.

The following are legal exceptions to you and your child's right to confidentiality. I would inform you and/or your child of any time when I think I will have to put these into effect.

1. If I have good reason to believe that a client will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect the intended victim.
2. If I have good reason to believe that a child or vulnerable adult is being abused or neglected, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 24 hours and Adult Protective Services immediately.
3. If I believe that a client is in imminent danger of harming themselves, I may legally break confidentiality in order to take protective actions. I will relate my concerns and explore all options. If at that point you were unwilling to take steps to guarantee you or your child's safety, I must call Child Protective Services.

These situations rarely occur, but if such a situation does occur, I will make every effort to discuss it with you before taking any action.

II. Record-keeping

I keep very brief records, noting only that your child has been here, what interventions happened in session, and the topics we discussed.

III. Diagnosis

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you.

IV. Other Rights

Your child has the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. Feel free ask me about my training for working with your child's concerns, and you can request that I refer you to someone else if you decide I'm not the right therapist for your child. Your child is free to leave therapy at any time.

V. Fees

You will be asked to pay for each session at the time of the session. Payment can be by check, cash, or credit card. A statement of the month's sessions can be furnished to you at the beginning of each month for the previous month's sessions and payments, if needed. You can use the statement for tax purposes or for reimbursement. There is direct billing with BlueCross BlueShield and all 5 Bayou Health Plans. I choose to work outside of most managed care companies to protect your child's confidentiality and to

give you the ultimate control over the course of your child's therapy sessions and treatment.

VI. Ending Therapy

I want to make your child's therapy as successful as possible. For that reason, it works best to find a rhythm and structure to the beginning stages with sessions that meet regularly. To support your child leaving, I request several weeks of notice prior to the last appointment to allow your child to have an experience of leaving well, with a sense of completion. If I initiate termination from therapy, it will be because I feel that I am not able to be helpful to your child any longer. I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

My Training and Approach to Therapy

I have an MSW, Master of Social Work, earned in 2004 at Tulane University in New Orleans. I am a licensed clinical social worker in the state of Louisiana. My areas of special training and expertise include: affective and emotional issues and cognitive behavioral approaches including trauma focused treatment. I am trained and certified in and use a variety of techniques in therapy, including dialogue, motivational engagement, cognitive reframing, awareness exercises, self-monitoring, and relaxation and visualization.

I may suggest that you get involved in additional or adjunctive counseling or a support group as part of your child's work with me. If another health care person is working with you, I may request a release of information from you so that I can communicate freely with that person about your care.

Your Responsibilities as a Therapy Client

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 45 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four (24) hours notice within business hours (Monday-Friday), you will be charged for that session, unless I can reschedule with you within the same calendar week.

Complaints

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns.

Client Consent to Psychotherapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I understand the fee per session and my rights and responsibilities as a client, and my therapist's responsibilities to me. I know I can end therapy at any time I wish.

Child's name: _____

Parent name: _____

Signed: _____

Dated: _____

_____ You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 45 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four (24) hours notice within business hours (Monday-Friday), you will be charged for that session, unless I can reschedule with you within the same calendar week.